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CONFIRMATION NO. 6911

SERIAL NUMBER 10/629,511	FILING OR 371(c) DATE 07/29/2003 RULE	CLASS 128	GROUP ART UNIT 3771	ATTORNEY DOCKET NO. 6553-0501
APPLICANTS John C. Jeppesen, Ventura, CA;				
** CONTINUING DATA <i>none</i> <i>SA</i> *****				
** FOREIGN APPLICATIONS <i>none</i> <i>SA</i> *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/28/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>SA</i> Acknowledged <i>SA</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS <i>SA</i> 16 INDEPENDENT CLAIMS <i>SA</i> 3
ADDRESS 24936				
TITLE <i>SA</i> Method and apparatus for treating Obstructive Sleep Apnea Syndrome				
FILING FEE RECEIVED 570	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	